

Fitzgerald & Associates, P.C.
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Attorney for Debtor

United States Bankruptcy Court
District of New Jersey

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In Re:

Patricia Campos

Chapter 13

Case No. 12-35515/DHS

Debtor

Hon. Donald H. Steckroth

ORAL ARGUMENT REQUESTED
ONLY IF OPPOSITION FILED

HEARING DATE: 11/13/13
11:00 a.m.

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EXHIBIT -- COPY OF PROOF OF CLAIM SUBMITTED BY INSOLVE RECOVERY LLC

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT, District of Main New Jersey - Newark		PROOF OF CLAIM	
Name of Debtor: Patricia Campos	Case Number: 12-35515	COURT USE ONLY	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): InSolve Recovery, LLC			
Name and address where notices should be sent: InSolve Recovery, LLC, c/o Capital Recovery Group, LLC Dept 3203 PO BOX 123203 DALLAS, TX 75312-3203		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Telephone number: 866-870-1717 email:		Court Claim Number: _____ <i>(If known)</i> Filed on: _____	
Name and address where payment should be sent (if different from above): Same as above		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: email:			
1. Amount of Claim as of Date Case Filed: <u>\$5,569.45</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Goods Sold/Revolving Credit</u> <i>(See instruction #2)</i>			
3. Last four digits of any number by which creditor identifies debtor: 3060	3a. Debtor may have scheduled account as: <u>Citibank - SEARS PREMIER CARD</u> <i>(See instruction #3a)</i>	3b. Uniform Claim Identifier (optional): <i>(See instruction #3b)</i>	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information			
Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:		Basis for perfection: _____	
Value of Property: _____		Amount of Secured Claim: _____	
Annual Interest Rate _____ % Fixed or Variable <i>(when case was filed)</i>		Amount Unsecured: \$5,569.45	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).		Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).		Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	Other – Specify _____ applicable paragraph of 11 U.S.C. § 507 (a)(__).
<small>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor,
(Attach copy of power of attorney, if any.) or their authorized agent. I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Nichlas P. Spallas

Title: Agent for Creditor

Company: Capital Recovery Group, LLC

Address and telephone number (if different from notice address above):

/s/ Nichlas P. Spallas

(Signature)

12/3/2012

(Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.